

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE ETHICS COMM

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIS	ST .		
NAME(Last)	(First)	(Middle)	TELEPHONE
Markle	Joanna	J.H.	808-547-5600
MAILING ADDRESS (Str	FAX		
1099 Alakèa St	808-547-5880		
(City)	(State)	(Z	ip Code)
Honolulu, HI	96813		
nonorara, m	20013		
	TION (Fill in only if you are employed by a busine	ss entity which has been retained to lobby) TELEPHONE
EMPLOYING ORGANIZAT		ss entity which has been retained to lobby	TELEPHONE 808-547-5600
EMPLOYING ORGANIZAT	TION (Fill in only if you are employed by a busine son Quinn & Stifel	ss entity which has been retained to lobby	,
EMPLOYING ORGANIZAT	TION (Fill in only if you are employed by a busine son Quinn & Stifel reet)	ess entity which has been retained to lobby	808-547-5600

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
National Association of Settlement Purchasers c/o MultiState Associates Inc.	703-684-1110	
MAILING ADDRESS (Street)	FAX	
515 King Street, Suite 300	703-684-7912	
(City) (State) (Zip	Code)	
Alexandria,VA 22314		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Carrie Calvin	703-684-1110	
MAILING ADDRESS (Street)	FAX	
515 King Street, Suite 300	703=684-0717	
(City) (State) (Zip	Code)	
Alexandria, VA 22314		

PART	III DESCRIPTION	OF SUBJECTS UPON WHI	CH YOU EYP	ECT TO LOPBY			
		OF CODOLOGO OF OR WITH	OII TOO LAFT	COLIO EOBBI			
	Agriculture	Education	Huma	an Services	Science, Technology & Economic Development		
	Communications & Public Utilities	Government Operations of Finance		governmental Relations, national Affairs	Tourism & Recreation		
<u> </u>	Consumer Protection & Commerce	Hawalian Affairs	Labor	r & Employment	Transportation		
	Culture, Arts, Historic Preservation	Health		ning, Land & Water Management	Other: (indicate below)		
	Ecology, Energy Environmental Protection	Housing	Public	c Safety & Corrections			
PART	IV CERTIFICATION	I OF LORBVIET					
							
11	nereby certify that the i	information furnished above	is, to the best	of my knowledge,	correct and complete.		
		MA OSH I	11/1/100	3/	1610h		
		(Signature of Loby yist)	, w - c	— — — — — — — — — — — — — — — — — — —	Date		
PART	V AUTHORIZATION	N TO LOBBY			11.000.0		
NAME	7.00,70,71.2,71.10.		TITLE OF AL	ITHORIZING OFFICER	OR PERSON REPRESENTED		
Paul W. Hallman President (MultiState Associates)							
NAME (OF ORGANIZATION (if appl				LEPHONE		
	National As	ssociation of Sett	lement Pu	urchasers			
	c/o MultiSt	ate Associates In	ic.	1	703-684-1110		
MAILIN	G ADDRESS (Street)	•		FA	X		
515 King Street, Suite 300					703-684-7912		
((City)	(State)		(Zip Code	2)		
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Al	exandria, VA 233	, ,					
	exandria, VA 233	14	nage in lobbvir	ng activities on beha	alf of the undersigned.		
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	exandria, VA 233	14	gage in lobbyin				
	exandria, VA 233	14	-	<u></u>	alf of the undersigned. March 14, 2005 Date)		